



QUALIFIED BILINGUAL STAFF TRAINING PROGRAM

DATE OF TRAINING: MARCH 15-17 2011

TIME OF TRAINING: 8:30AM—4:30PM

Virginia Home for Boys and Girls
8716 W. Broad Street
Richmond, VA 23294

*Do you use bilingual staff to help communicate with
consumers who are limited English proficient?*

*Are you sure that those employees have the right skills
and language proficiency to communicate effectively?*

The Qualified Bilingual Staff (QBS) training program was developed by Kaiser Permanente for the purpose of increasing our capability for providing linguistically appropriate services to our Limited English Proficient (LEP) patients. The program targets our bilingual, dual role staff and trains them in proper interpreting skills during a medical encounter.

This three day training is for BILINGUAL STAFF working as informal interpreters in your organization, this is NOT a training for professional interpreters

Registration Cost: \$100 (Lunch Included all Three Days)

Complete information is located at

<http://www.dbhds.virginia.gov/2008CLC/documents/clc-DBHDS-Qual-Bilingual-Staff-Train-FAQ.pdf>

Sponsored By:



**RICHMOND
BEHAVIORAL HEALTH
AUTHORITY**

DBHDS

Commonwealth of Virginia
Department of Behavioral Health
and Developmental Services

Attendee Information*

Complete the following information (**training for bilingual staff serving as informal interpreters who have completed the proficiency test (ALTA assessment)/certificates will not be awarded until test results are submitted (passing score of 9 or above)*)

Name: _____

Organization: _____

Mailing Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Registration Fee & Payment Method

The registration fee for the **Qualified Bilingual Staff Training Program is \$100**. Registration must be in the form of a check, Inter-Agency Transfer, or Requisition Form. DBHDS can not accept credit card payments. Checks should be made payable to the **Treasurer of Virginia**. Please check one of the following and remember to reference the attendee's name:

Check (*Organizational or Personal*)

Interagency Transfer (IAT – Coding: 180 720 0100 49914 1224 960)

Requisition Form (910 – DBHDS Central Office Employees Only)

Special Accommodations

Please check if you would like a vegetarian option for lunch.

Please check if you will need additional assistance – i.e. interpreters, accommodations, etc.

Please clarify the need _____

Mail Completed Registration Form & Fee To:

Keiana D. Bobbitt
Department of Behavioral Health & Developmental Services (DBHDS)
P.O. Box 1797
Richmond, Virginia 23218-1797
Phone: (804) 786-0607
Fax: (804) 786-4146

Confirmations will be sent via email. If you do not have an email account, please be sure to include a fax number.

There is no pre-registration, as space is limited to the first 25 individuals. The registration form and payment must be received by Ms. Bobbitt in order to secure a spot.

You may call 804-786-0607, in advance, to inquire if space is still available.